

PATIENT INSTRUCTIONS

Elbow Flexion Dynasplint® System

Type II

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I acknowledge receipt of these patient instructions, which I have read and fully understand.

Signature

Print Name

Date

IMPORTANT: Read instructions thoroughly before wearing the Elbow Flexion Dynasplint® System. Be sure that the splint fits comfortably and properly. If you feel pain, numbness, swelling, or skin irritation remove the splint immediately and contact your Dynasplint® Systems sales consultant. If joint stiffness persists longer than one hour after wearing the unit, reduce the tension by 0.5 increments, approximately $1/2$ turn. Contact your Dynasplint® Systems sales consultant if you have any questions.

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Stretch Beyond Your Expectations.®

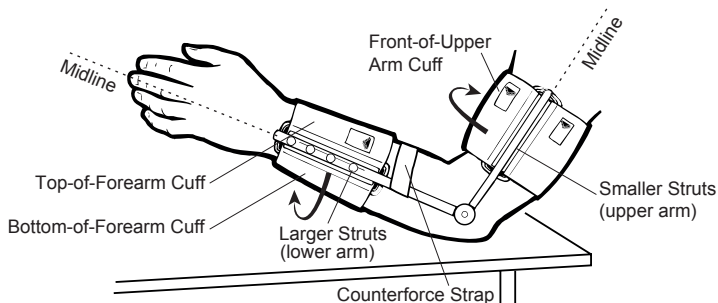
FITTING INSTRUCTIONS

APPLYING THE ELBOW FLEXION DYNASPLINT® SYSTEM:

STEP 1: Completely open or loosen bottom-of-forearm and front-of-upper arm cuffs.

STEP 2: While seated at a table, slide the arm into the unit. The larger tubes (with windows and scales) should be placed on the forearm, with the counterforce strap across the arm, just below the arm cuff. See Figure 1.

FIGURE 1.



NOTE: *Additional Fitting Option:* Place two books together to create a valley, place arm in the valley with the cams on top of the books. See Figure 2.

STEP 3: Align the upper and lower struts (tubes) with the midlines of the sides of the upper and lower arm. See Figure 1.

STEP 4: Align the cams with elbow joint. See Figure 3.

STEP 5: Attach the Dynasplint® System to the arm by feeding the front-of-upper arm cuff through the D-wire on the opposite side. Pull back snugly. Fasten the Velcro® sides together. Check placement. See Figures 1 and 3.

STEP 6: Repeat STEP 5 for the bottom-of-forearm cuff.

STEP 7: Check cuffs for tightness. You should be able to slide a finger between the arm and the cuffs and counterforce strap. Pay close attention when fitting a pediatric patient. A too-tight counterforce strap will cut off circulation.

STEP 8: Check alignment, see Figures 1 and 3. The struts (tubes) should line up with the centers of the sides of the arm and the cams should be at the center of the sides of the elbow.

FIGURE 2.

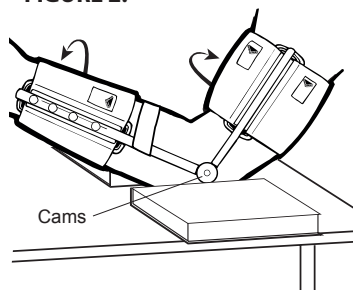
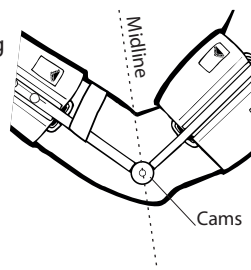


FIGURE 3.



STEP 9: Do not tamper with top-of-forearm and back-of-upper arm cuffs.

STEP 10: You should be inactive and relaxed while wearing the Dynasplint® System. The arm should not hang down. The most comfortable position is to sleep with the upper arm supported by a pillow or sit with the arm supported so it is level with the heart.

REMOVING THE ELBOW FLEXION DYNASPLINT® SYSTEM:

STEP 1: Completely open or loosen bottom-of-forearm and front-of-upper arm cuffs.

STEP 2: Slide arm out of the unit.

Continue to follow your physician's or therapist's instructions regarding your home therapy program while wearing the Dynasplint® System. Record your comments daily on the evaluation sheet (back page of booklet) for review with your Dynasplint® Systems sales consultant.

CLINICIAN'S PRESCRIBED TREATMENT SCHEDULE

These are guidelines only. Remove the Dynasplint® System if you experience pain at any time and contact your Dynasplint® Systems sales consultant.

Tension to be initially set at _____ increments.

Patient will wear the Dynasplint® System for _____ hours the first day.

If no more than one hour post-wear discomfort occurs, the patient may increase wear time according to the recommended daily wearing schedule, building up to an overnight application of 6-8 hours. Time spent wearing the splint is the most important component in regaining range of motion.

Increase tension by 0.5 – 1 increment on both sides of the splint if less than one hour of post-wear discomfort occurs after use.

Decrease tension if unable to wear for extended period of time.

The basic protocol outline is to provide maximum benefit from the Dynasplint® System. *Increasing tension faster does not ensure a proper stretch will be applied.*

Remember to wear the Dynasplint® System while inactive, preferably while sleeping. If unable to sleep in splint, maximize wear time during the day.

Your follow-up visit is _____.

Please bring the Dynasplint® System and the completed evaluation sheet.

Sales Consultant: _____ Voicemail Number: _____

DYNASPLINT® SYSTEMS PATIENT EVALUATION SHEET

Date	Hours of Wear	Tension Setting	Daily Goal	Duration of Post-Wear Stiffness	Comments

Continue to report your progress on a separate sheet of paper.

4 POINT SUMMARY

- 1. NO PAIN while wearing the Dynasplint® System.
- 2. Time is the most important component.
- 3. Increase tension after 6-8 hours of wear if at most one hour post-wear discomfort occurs.
- 4. Decrease tension if unable to wear.

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